Attorney Docket No.: PALM-3564.PSI

iy 979		THE	UNITED ST	ATES	PATENT A	ND TR	ADEMAF	RK OFFICE		
hereby bearing of depos	First Class	thic tro	nomittal of the below d	ecribed do	rument is being de	posited with	the United Sta	tes Postal Service in an envelope A 22313-1450, on the below date		
Date of Deposit:	11/12	/04	Name of Person Making the Deposit:	KATHEF	RINE RINALDI	Signature of Making the	of the Person Deposit:	alkern Real &		
In re A	Applicatio	n of:	ARNOLD, Greg ;	SORIAN	O, Fermin					
Application No.: 09/775,321					Examiner:	CHC	OW, Ming	RECEIVED		
Filed:	01/31/	/01			Art Unit:	264		MOV 9 9 999		
Confirmation No.: 9217								TOP COMPLETER		
For: t	JNIFIED	MES	SAGING/CALL	ROUTING	CONFIGURA	TION US	ING PALM	TOP COMPUTER 2600		
	nissioner		atents							
	3ox 1450 ndria, V		313-1450							
				<u>AN</u>	IENDMENT T	RANSMIT	TAL			
1.	Transr	mitted	l herewith is an a	mendmer	nt for this appli	ication				
T	(<u>5</u> Fransmitt Other:	sh ed he		shee	ets of substitu			ed patent application.		
				Ex	tension of	Term				
3.	The p	rocee	dings herein are	for a pate	ent application	and the p	provisions o	of 37 C.F.R. 1.136 apply.		
(a)	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Extension [] one month [] two months [] three months [] four months					\$1 \$4 \$9	<u>Fee</u> \$110.00 \$430.00 \$980.00 \$1,530.00				
					<u>F</u>	ee \$				
If an a	additiona	l exte	nsion of time is re	equired, p	olease conside	er this a pe	etition there	efor.		
(b)	[X]	bei	plicant believes th ng made to provi ed for a petition fo	de for the	possibility the	n is requir at applica	ed. Howev nt has inad	ver, this conditional petition vertently overlooked the		

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	8	- 22 =	0	x \$18.00	\$0.00					
Independent Claims	1	- 4 =	0	x \$88.00	\$0.00					
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$300.00										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$
- Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: <u>23-0085.</u>

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45548

Respectfully submitted,

Date: Naxon bes 12, 2004

Reg. No. 46,274